

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3			2			
4			1			
5			3			
6			3			
7	1		3			
8	1					
9						
10	1					
11			1			
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TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	5	←		←		←
TOTAL CLAIMS	6	[REDACTED]		[REDACTED]		[REDACTED]

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]

BEST AVAILABLE COPY